

REQUEST FOR ABANDONED FUNDS

See Next Page For Instructions

Mail to:

Bureau of Child Support
P.O. Box 7935 – Room E200
Madison, WI 53707-7935

Information provided on this form (including any attachments) may be shared with others only for the purpose(s) of administration of the child support program and other related programs [Wis. Statutes, s.49.83]

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Please Print in Ink

Payee Name of Abandoned Property		Claimant (Your) Telephone Number ()
Social Security Number of Person Named as Payee of this Abandoned Property		KIDS Personal Identification Number (PIN) of Original Payee, if Known
Amount of Claim (if Known) \$ _____		
Payee Name for the New Check		
Address		
City	State	Zip Code

Signatures Must be Notarized.

* Signature of Person Claiming Abandoned Funds	Signature of other person making the claim for abandoned funds if more than one person is claiming the funds.	
Print Name	Print Name	
Notarization is Required Subscribed and affirmed to me This _____ day of _____, _____ _____ Notary Public, State of Wisconsin My commission (is permanent) _____ Or Expires _____	Official Use	
	Fund	Agency
	Person Handling	
	Phone Number	
	Request Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
Send this document to the "Mail To" address provided in the upper left-hand corner of this document. Payment will take up to 3 weeks.		
* If the payee is deceased, the person making the claim on behalf of the payee's estate should complete this form as completely as possible and attach a letter explaining that they are acting on behalf of the estate. Attach notarized copies of your appointment or authorization to act in this capacity.		

INSTRUCTIONS FOR COMPLETION OF A REQUEST FOR ABANDONED FUNDS

When completing the request form, please print the information clearly, in the boxes provided, and print in ink.

Payee Name of Abandoned Property

Enter the name of the person named in the Office of State Treasurer website, publications or other notifications you have received or read.

Claimant (Your) Telephone Number

Enter your telephone number here. You are the claimant. This may or may not be the person named in the Office of State Treasurer website, publications or other notifications.

Social Security Number (SSN) of Person Named as Payee of this Abandoned Property (Omitting the SSN may delay payment.)

Enter the social security number of the individual named in the Office of State Treasurer website, publications or other notifications. This may be you or someone else if you are claiming as part of an estate.

KIDS Personal Identification Number (PIN) if Known

Enter the KIDS child support system personal identification number (PIN) of the person for whom the abandoned funds were originally intended.

Payee Name for the New Check

Enter the payee name for the new check. This is whom the new check will be paid to. This is generally the name and address of the person named on the Office of State Treasurer website or publication. If it is not, please attach detailed supporting documentation, including your name, address and your role/relationship in this matter.

Address, City, State, and Zip Code

Enter the address for the payee of the new check. This is where the new check will be mailed.

Signature of Person Making Claim for Abandoned Property

This is the signature of the person making the claim for abandoned property. The signature must be notarized. If it is not the person that is named in the Office of State Treasurer abandoned property website or publication, please attach an explanation and notarized copies of supporting documentation.

If more than one person, please provide the signature of the other person making a claim for Abandoned Property.

If more than one person is making the claim for abandoned property (Example: the claim is part of an estate that is jointly administered), please provide the signature of the other person(s) here. Signature(s) must also be notarized.

If the form is not properly notarized, it cannot be processed.

If the person making this claim is acting on behalf of the payee's estate, then you must attach notarized copies of your authorization to act in this capacity.

If you have any questions regarding this form, please call the Bureau of Child Support at (608) 266-9909.

DWD is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-9909 or (800) 947-3529 WTRS (Toll Free).